

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO100006de185

1. Corporation Name

Chaffee Enterprises, Inc

900023592499
10/07/03--01001--015 **805.00

2. Principal Office Address

7345 International PL

Suite, Apt. #, etc.

Suite 108

City & State

Sarasota, FL

Zip

34240

Country

USA

3. Mailing Office Address

7345 International PL

Suite, Apt. #, etc.

Suite 108

City & State

Sarasota, FL

Zip

34240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1116696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Allen E. Langdon~~ Sherry L Moore

Street Address (P.O. Box Number is Not Acceptable)

~~125 First Ave~~ 7345 International Place # 108

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

~~Allen E. Langdon~~ Sherry L Moore

REGISTERED AGENT MUST SIGN

Date

10/15/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Names	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Chaffee, Michael D	7345 International PL Suite 108	Sarasota, FL 34240

REINSTATEMENT

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael D Chaffee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/03

Daytime Phone #